

## **Criminal Background Information Form**

As part of our screening process, a computerized criminal background check is required for all staff, volunteers and interns of the Seattle City Attorney's office. Fingerprinting may also be required.

This information is mandatory. All responses will be kept confidential in accordance with RCW 10.97.050, and disseminated only as allowed under the statute.

Full Name (including middle):	
Aliases, former names, nicknames:	
Address:	
Race: Sex: M	If F Date of Birth:
Place of Birth: City	State/Country
Social Security Number:	
Driver's Lic. No	Issuing State:
By signing, I assert that the information contained in this report is accurate and complete.	
	Date:

## Please send your completed application materials to:

Dana Anderson, Volunteer Program Coordinator Seattle City Attorney's Office Public & Community Safety Division 700 Fifth Avenue, Suite 5350 PO Box 94667 Seattle, WA 98124-4667 (206) 684-7761 Fax (206) 684-4648 Dana.anderson@seattle.gov

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